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MCHIP Annual Report FY11 Program Year 3 **October 1, 2010 to September 30, 2011**

Dominican Republic

Major Accomplishments

Activity 1: *To scale-up the intervention for quality improvement of prevention and treatment of newborn sepsis in the MCH Centers of Excellence as part of the regional strategy to improve newborn health.*

- One additional Center of Excellence was added to the intervention during PY3; three referral hospitals covering ~18,000 deliveries per year are participating in this activity (Dr Antonio Musa, San Vicente de Paul, and San Lorenzo de Los Mina). The Antonio Musa Hospital has sustained the package of changes for prevention of infection for over 4 years (initiated with BASICS) resulting in a sustained reduction of the proportion of newborns admitted to the nursery for suspected hospital-acquired infections (from 42% at baseline in 2007, to currently less than 5% from 2008 onwards). A baseline assessment of quality of treatment of newborn sepsis is in progress in the mentioned hospitals and will be completed and reported during Q1 PY4. Activity 1 is part of a regional effort shared with the Paraguay program.

Activity 2: *Strengthen the Implementation of Family Centered Maternity and/or Kangaroo Mother Care Strategies in trained Centers of Excellence; initiate expansion*

- The KMC program at San Vicente de Paul is in full implementation; over 200 premature/low birth weight babies were enrolled this year, and the mortality was 0.47% (one fatality) compared to a much higher mortality in LBW/premature babies receiving conventional care (see bar graphs). In addition, the hospital has seen a reduction in the proportion of newborn deaths represented by premature/low birth weight babies from 90% in 2008 (baseline) to 67% in 2010 (the program was initiated in May 2009). A referral center with 13,000 deliveries/year (San Lorenzo de Los Mina, serving the poorest area of the capital city of Santo Domingo) is starting

training for KMC at the implementing hospital; KMC is expected to have high impact in Los Mina as 16% of all live births are premature/LBW with high mortality rates (about 2,000 babies/year could benefit from the program in the center)

Activity 3: Provide TA to the MOH and partners for the strengthening of the national newborn health work plan in line with the Regional Alliance Strategy and Action Plan

- Due to MCHIP's DC and DR negotiation with headquarters and in-country partners, the MOH has revitalized the Newborn Health Committee and a workshop for strengthening the national plan of action is being planned for Q1 PY4. As an active member of the committee MCHIP DR will continue to provide TA to the MOH and partners on priority activities to reduce neonatal mortality

Activity 4: Implement the "Helping Babies Breathe" (HBB) Curriculum in Centers of Excellence

- The HBB educational materials were translated into Spanish by the USAID bilateral in the DR and various versions of the translation revised by MCHIP.
- 32 facilitators from the bilateral's 10 Centers of Excellence, and 155 providers from 6 of the same referral centers were trained this year by MCHIP supported by Abt; trainings for providers will continue in PY4 by trained facilitators will continue to roll out the program supervised by MCHIP and national master trainers. MCHIP is working with the MOH to support the integration of HBB into the national IMNCI program (the MOH IMCI coordinator is a national master trainer and in charge of roll-out).

On a cross-cutting aspect, during PY3 MCHIP consolidated the programmatic and technical collaboration with the USAID bilateral (Abt Associates). MCHIP DR actively participates in regular meetings and recently attended a 3-day workshop for planning PY4 activities in response to an invitation by the bilateral. Dr Rodriguez presented MCHIP's PY3 accomplishments to USAID DR and the bilateral and provided TA for planning the expansion of newborn activities..

Short Narrative of Major Accomplishments

Activity 1

In agreement with the USAID bilateral project, the expansion of the sepsis intervention started in the San Vicente de Paul Hospital (in San Francisco de Macoris) where the KMC program is being implemented. This referral center attends an average of 2,500 deliveries per year and newborn sepsis is the leading cause of mortality.

Three virtual sessions were carried out for technical updates and sharing of results and experiences together with the Paraguay program (recordings available – Spanish). As the DR has participated in this program for over 4 years (initially with the BASICS project), the MCHIP DR field technical advisor is providing additional TA to the new Paraguay activity.

Data is being collected from the 3 participating Centers of Excellence for a baseline assessment on treatment of neonatal sepsis. The results will be reported and shared during Q1 PY4.

Activity 2

The Musa Hospital is implementing the FCM model since May 2009. Using an evaluation tool developed in the FCM Center of Excellence in Argentina, the percentage of achieved implementation for all elements after 1 year was 50% (the elements include implementation of policies/protocols for the humanization and high quality of maternal and newborn care through the continuum from antenatal care, through labor and delivery, to postnatal/post-partum care). The center implementing FCM (Musa Hospital) has sustained the elements of the strategy already established such as better follow-up for the mother and baby in the first 2 hours after delivery, and in ambulatory antenatal and postnatal care; struggling with implementation of a birth companion.

Over 200 babies (76% of eligible) were enrolled in the DR KMC program this year 7.6% deserted from the follow-up clinic (did not attend 2 consecutive visits); a home visits program is being piloted in collaboration with the School of Nursing at Emory University and a grass-roots NGO (Pastoral). 25 infants graduated from the program (follow up for the 12 months) and were celebrated with a party in the hospital (see pictures), and only 1 fatality happened this year. The program has impacted the migrant Haitian population as their LBW/premature babies were frequently abandoned in hospitals after birth. Staff from the Colombian KMC Foundation visited the DR program in February of 2011 to assess progress and to present results to the MOH and other stakeholders advocating for scale-up; the

report referred to a solid program and the team is actively working on the recommendations of the Foundation for improvements.

Due to the success of the program the DR will be the host country for a regional KMC workshop organized by MCHIP (in collaboration with the Kangaroo Foundation, URC/HCI, and the MOH) in December for exchange of experiences and to a standardize measurement and methodology approaches among 10 implementing countries. The workshop will include a field visit to the program in San Vicente de Paul hospital.

Activity 4

Comment [S.R1]: Activity 3?

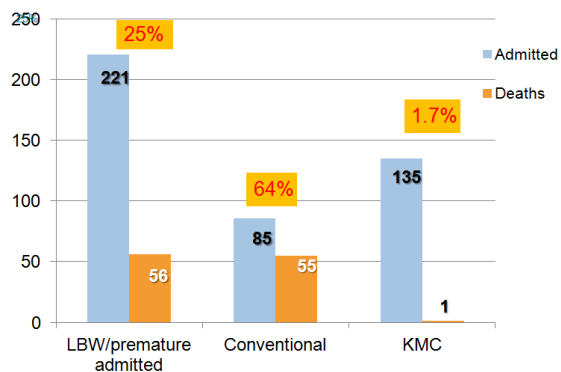
In addition to other activities for implementation of the HBB program, a baseline was carried out to assess the availability of equipment and supplies for resuscitation (and related infection prevention) in the 10 Centers of Excellence of the bilateral project. This showed important gaps in equipment and supplies for which the bilateral project had previously committed to provide resuscitators (bag and masks) and suction devices. MCHIP continues to advocate with stakeholders for procurement of other basic supplies and equipment.

Also, MCHIP developed a data collection tool to be added to the delivery rooms registers for indicators related to ENC at birth/HBB. This tool will be used in Centers of excellence as capacity building progresses, and data collected will contribute to the HBB M&E global effort.

Challenges and Opportunities

- An important challenge for the KMC program has been the establishment and adequate use of a register for data collection. After various revisions with the field staff, data is currently being collected in an Excel form by staff appointed by the hospital and indicators are being measured.
- Even though there was an important delay in initiating the HBB roll-out due to the delay in the production of educational materials, once started the expansion has progressed rapidly. The program has created much interest and MCHIP will support the MOH in roll-out to priority areas not covered by the bilateral (the Mission has authorized it).
- MCHIP staff had a meeting with the new authorities of the MOH in October of 2010, where challenges for the implementation of the national action plan for newborn health were discussed. Among these, the national committee for Newborn Health care was not operational. Revitalization efforts started with the participation of the DR MOH in the Forum of Neonatal Alliances in Nicaragua in May and continued at the country level with support and TA from MCHIP and other neonatal Alliance partners.

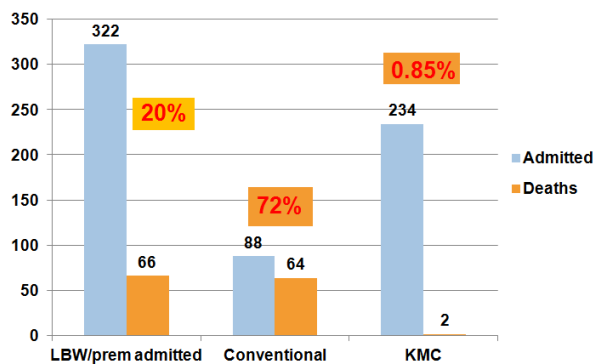
**PROPORTION OF DEATHS OF LBW/PREATURE BABIES
ON KMC VRS. CONVENTIONAL MANAGEMENT
DR KMC PROGRAM JAN-DEC 2009**



Hospital Regional Universitario
San Vicente de Paul

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**PROPORTION OF DEATHS OF LBW/PREATURE BABIES
ON KMC VRS. CONVENTIONAL MANAGEMENT
DR KMC PROGRAM JAN-DEC 2010**



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Photographs:



Photographer: Dr Nieves Rodriguez- MCHIP DR
Parents practicing KMC position in NICU- Los Mina Hospital



Photographer: Dr nieves Rodriguez – MCHIP DR
Celebration of KMC “graduates”- San Vicente de Paul hospital KMC Program



Photographer: Dr Luz Herrera- MOH DR on behalf of Dr Nieves Rodriguez- MCHIP DR
HBB training of providers